

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

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# USING DATA TO BUILD A CULTURE OF HEALTH



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*Community Coach*

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## **WHAT: OBJECTIVES**

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We will share information, guidance and tools on using data to build a culture of health

We will look at What Works for Health with equity as a foundation

We will feature work happening in our Rural Impact County Challenge communities that are using data as a call to action

# WHAT: HOW WE SUPPORT COMMUNITIES



## WHAT: YOUR STORY

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What do you love about your community?



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## WHY WE DO WHAT WE DO

Increase Health Equity

## WHAT: HEALTH EQUITY

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*Health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty and discrimination while creating access to good jobs with fair pay, safe environments, and quality education, housing and health care.*

*(adapted from RWJF, 2018)*

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## WHY WE DO WHAT WE DO

Improve Health Outcomes

# County Health Rankings & Roadmaps

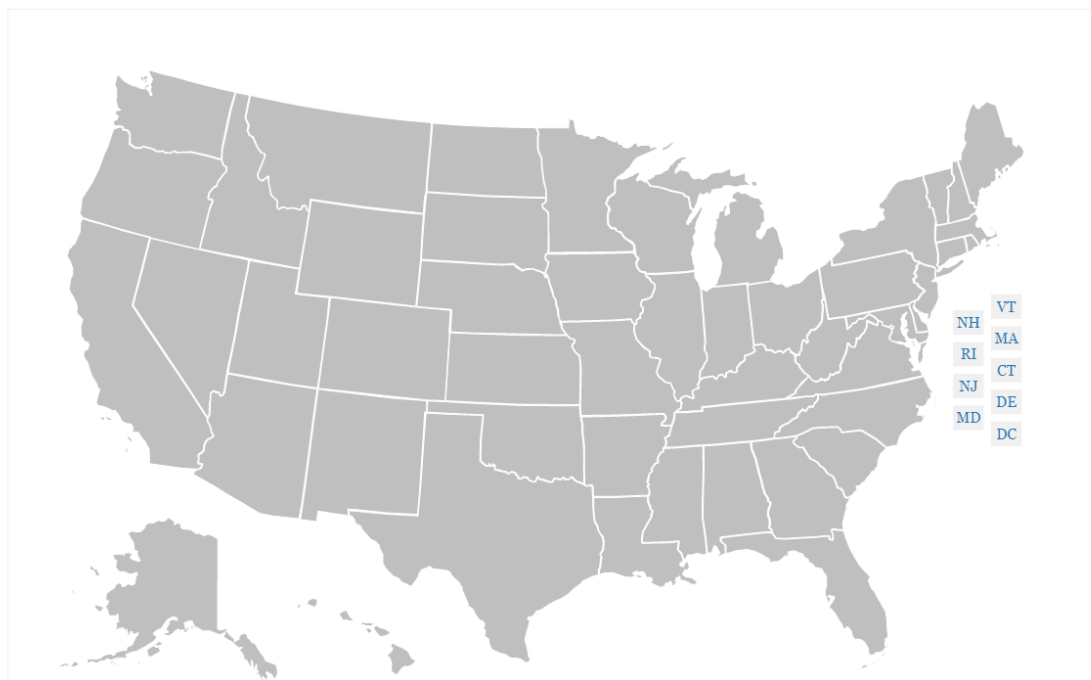
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## How Healthy is Your Community?

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

Choose a state from the map or search below to begin.

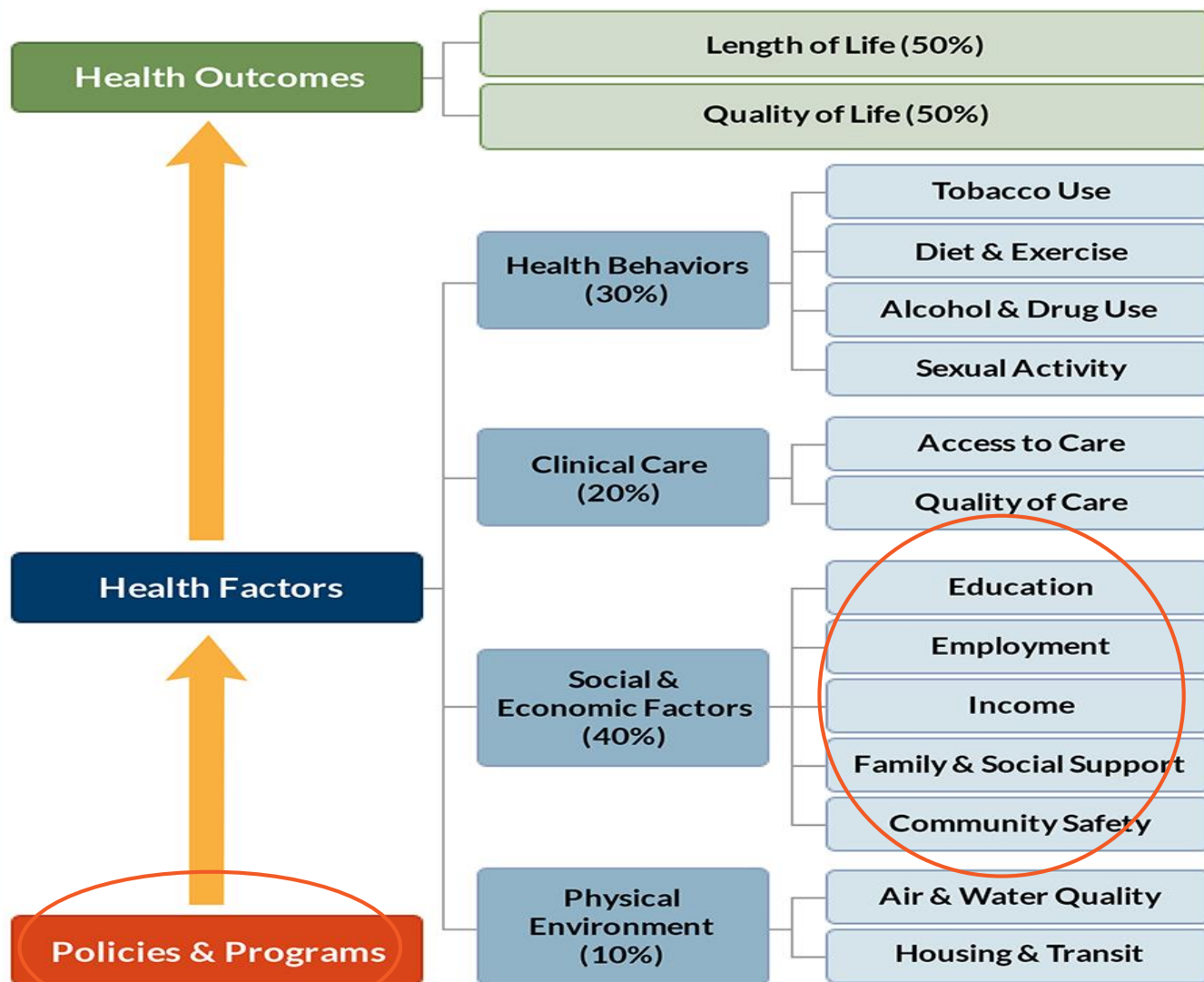




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## Explore Health Rankings

### [Rankings Reports](#)

#### [Use the Data](#)

#### [Communities Using the Rankings Data](#)

#### [Exploring the Data](#)

#### [Making Use of Your Snapshot](#)

#### [Digging Deeper](#)

#### [Broadening Your View](#)

#### [Visualizing the Data](#)

#### [Finding More Data](#)

### [What and Why We Rank](#)

### [Our Methods](#)

### [Why Ranks Change](#)

### [Rankings Data & Documentation](#)

# Use the Data

The County Health Rankings provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. This guide will help you find and understand the data - in this site and beyond - as you begin to assess your needs and resources, and focus on what's important. The guide includes seven sections:

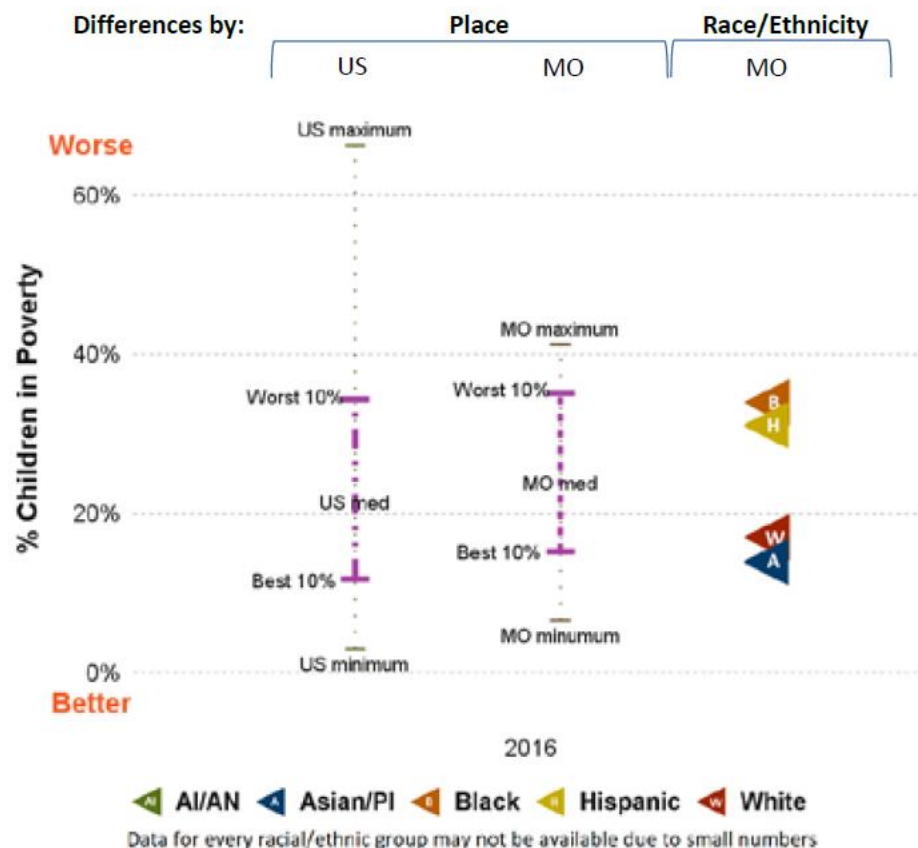
- [Communities Using the Rankings Data](#) – introduces the many ways communities are using the Rankings.
- [Exploring the Data](#) – helps you get the most out of the Rankings and the wealth of underlying data.
- [Making Use of Your Snapshot](#) – helps you navigate the information in your county's snapshot and identify key areas where you may wish to look for additional data.
- [Digging Deeper](#) – helps you think through what other information would help you further understand the health of your community.
- [Broadening Your View](#) – helps you widen your focus beyond the specific measures included in the Rankings.
- [Visualizing the Data](#) – provides links to resources to help you visualize where the assets and weaknesses are in your community.
- [Finding More Data](#) – directs you to additional national and state data sources.

## WHAT: MO CHILDREN IN POVERTY

The child poverty rate in Missouri is 19% compared to the national average of 20%. Among Missouri counties, child poverty rates range from 7% to 41%.

Among racial and ethnic groups in Missouri, rates of children in poverty range from 14% to 34% with Black children faring the worst and Asian/Pacific Islander children faring the best.

*Why is this important?*



# WHAT: INFANT MORTALITY MEASURE

Missouri

2018

Select another state

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G+

Like 0

Overview

Rankings

Measures

Downloads

Compare Counties

Select a county

Print



Help

Select a Measure:

ADDITIONAL MEASURES

INFANT MORTALITY



## Summary Information

Years of Data Used: 2010-2016

Range in Missouri  
(Min-Max): 4-16

Overall in Missouri: 7

## Infant mortality

Number of all infant deaths (within 1 year), per 1,000 live births.

[Data](#) | [Description](#) | [Data Source](#)

Infant Mortality measures the number of deaths among children less than one year of age per 1,000 live births.

## Reason for Inclusion as Additional Measure

Infant mortality represents the health of the most vulnerable age group (those under 365 days). This measure can help with interpreting the years of potential life lost (YPLL) rate in a county.

	Missouri	Boone (BO) , MO <span>✗</span>	Bollinger (BN) , MO <span>✗</span>	Butler (BU) , MO <span>✗</span>
Length of Life				
Premature age-adjusted mortality	390	280	460	570
Child mortality	60	50		70
Infant mortality	7	5		7
Quality of Life				
Frequent physical distress	13%	13%	14%	16%
Frequent mental distress	14%	13%	14%	15%
Diabetes prevalence <span>i</span>	11%	8%	14%	14%
HIV prevalence	234	134	98	121
Health Behaviors				
Food insecurity <span>i</span>	16%	17%	15%	18%
Limited access to healthy foods	7%	8%	11%	8%
Drug overdose deaths	19	11		21
Drug overdose deaths - modeled	23.6	14-15.9	12-13.9	26-27.9
Motor vehicle crash deaths	14	8	31	21
Insufficient sleep	34%	32%	33%	35%
Clinical Care				
Uninsured adults	14%	11%	18%	16%
Uninsured children	6%	6%	9%	6%



## NOW WHAT: QUESTIONS TO CONSIDER

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- ▶ What do these data tell you?
- ▶ What surprises you about these data?
- ▶ What questions do these data raise for you?
- ▶ What applications or action ideas do these data inspire?

## WHAT: WHY DISPARITY RATINGS

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### ► Health equity and disparities

“**Health equity** means that everyone has a fair and just opportunity to be healthy.”

“For the purposes of measurement, health equity means reducing and ultimately eliminating **disparities in health and its determinants** that adversely affect excluded or marginalized groups.”

**EQUITY LENS:** Which interventions can decrease disparities?

*Source: RWJF. What is health equity? 2017*

[https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437393](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393)

## WHAT: WWFH DISPARITY RATINGS

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- **Likely to decrease disparities:** Strategies are likely to reduce differences in health-related outcomes (i.e., close a gap)
- **No impact on disparities likely:** Strategies generally benefit entire populations
- **Likely to increase disparities:** Strategies are likely to exacerbate differences
- ▶ We currently consider disparities among
  - Racial or ethnic groups
  - Socio-economic groups (high and low SES)
  - Geographic areas (urban, suburban and rural)

# Early childhood home visiting programs

## Evidence Rating



Scientifically Supported

## Health Factors

Community Safety

Family and Social Support

## Decision Makers

Funders

Health Care

Government

Public Health

Nonprofits

In early childhood home visiting programs trained personnel regularly visit at-risk expectant parents and families with young children and provide them with information, support, and/or training regarding child health, development, and care based on families' needs. Home visitors can be nurses, social workers, parent educators, paraprofessionals, lay workers from within the community, or others. Home visiting often begins prenatally and continues during the child's first two years of life, but may also begin after birth, last only a few months, or extend until kindergarten ([HRSA-MIECHV 2017](#), [Sama-Miller 2017](#)).

## Expected Beneficial Outcomes (Rated)

- Reduced child maltreatment
- Reduced child injury
- Improved cognitive skills
- Improved social emotional skills
- Improved parenting
- Improved birth outcomes
- Improved maternal health
- Improved economic security

## Other Potential Beneficial Outcomes

- Improved prenatal care

## **NOW WHAT: PUTTING THE RATING IN PRACTICE**

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- ▶ Consider factors that could be driving the disparity rating
- ▶ Does the disparity rating make sense locally?
- ▶ Does the disparity rating reflect how you plan to implement the strategy?



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# WHAT WORKS?

## Strategies to Improve Rural Health



July 2016

[countyhealthrankings.org/whatworks](http://countyhealthrankings.org/whatworks)

A report by  
**County Health Rankings & Roadmaps**  
and the  
**University of Wisconsin  
Population Health Institute**

County Health  
Rankings & Roadmaps  
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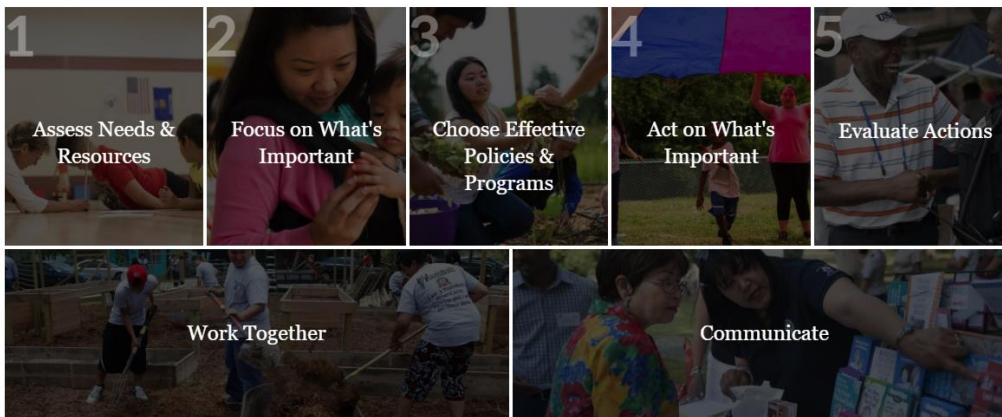
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# NOW WHAT: ACTION CENTER

## Steps to Move Your Community Forward

The steps below provide a path to help your community move with data to action. In each you will find key activities and suggested tools to guide your progress. Keep in mind: action isn't always linear. Revisit these steps to find the right resources when you need them.



- ▶ Step-by-step guidance and tools
  - ▶ Seven Action Steps
  - ▶ Key Activities and suggested tools to guide your progress
- ★ TIP: Set the Action Center as a favorite in your browser. Come back often to find the right resources when you need them.

# NOW WHAT: PARTNER CENTER

What roles do you play in your community?  
Who do you want to partner with?

Think about the people in your community who make positive changes happen. Call them leaders, changemakers, or stakeholders - these are the people with whom you want to partner. This section is all about joining with others to make lasting change in your community.



- Provides guidance around:
  - Why different sectors might care about creating healthy communities
  - What they can do
  - How to engage them

★ TIP: If you don't see yourself in any of the sectors listed in the Partner Center, start with Community Members.



## NOW WHAT: COMMUNITY COACHES

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- ▶ Help strengthen community efforts through tailored guidance, questions and support.
- ▶ Connect with a coach via the **Contact Us** form.
- ▶ **COST?**



## NOW WHAT: COMMUNITIES IN ACTION

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Who is in the demographic picture (ability, geography, ethnicity, race, economic status, gender, age, nation, immigration status, sexual orientation)?

**What is the rate of poverty, unemployment, incarceration, education and insured/uninsured?**

What are some environmental factors that impact the community's health (i.e. air and water quality, housing, violence, lead paint exposure, exposure to toxic substances)?

**What barriers exist (language/literacy, built environment, mobility, housing, transportation, etc.)?**

What is the pattern of disparity? What gaps or unfair public policies can you address through advocacy?



## NOW WHAT: KEY TAKEAWAYS

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- ▶ Evidence is an important *part* of decision making
- ▶ **What Works for Health** provides information about what works, what might work, and what does not work
- ▶ Connect the evidence with your local culture and context



## NOW WHAT: LET'S STAY CONNECTED

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- sign up for our e-Newsletter:
  - email [chr@match.wisc.edu](mailto:chr@match.wisc.edu) to subscribe
- visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

